



1. POSITION APPLIED FOR (as it appears on the vacancy announcement): DATE APPLIED: \_\_\_\_\_

2. FULL NAME (Last, First, Middle):

a. PLACE OF BIRTH (City/Country): \_\_\_\_\_

4. **CURRENT HOME ADDRESS AND TELEPHONE NUMBER (including cell phone number):**

\_\_\_\_\_

YES NO (If yes, please list name, relationship, and section where they work)

If yes, please explain: \_\_\_\_\_

b. If Citizen of Kenya, **NATIONAL I.D. #**

[illegible]

**9. UNIVERSITY/COLLEGE/SCHOOL/EDUCATIONAL INSTITUTION:**

For each institution you have attended, please provide the following information in the space below. Begin with your most recent school attended and work backwards. Use continuation sheets as necessary.

**NOTE: You MUST attach Proof of Education in the form of secondary school certificate as well as college or university degree if required for the position.**

Names and Location of Educational Institutions Attended	Dates Attended From/To	Degrees, Diplomas or Certificates Obtained	Major Subjects	Graduated Yes/No

**10. LANGUAGES:** (Identify the language and indicate your competence level (1-5) for each language)

Levels - 1: Rudimentary Knowledge 2: Limited Knowledge 3: Good Working Knowledge 4: Fluent  
5: Professional translator/interpreter

LANGUAGE	SPEAK	READ	WRITE	UNDERSTAND

**11. SPECIAL QUALIFICATIONS AND SKILLS:**

List any special skills you possess and equipment you can use. Attach certifications, licenses obtained, etc.

**(If applying for a Chauffeur position – you must attach a valid (unexpired) driver's license.)**

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How many words per minute can you type? \_\_\_\_\_ (The Embassy will test your skills before hiring you.)

**12. TRAINING RECEIVED:**

List any training you have taken in areas applicable to the position for which you are applying.

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**13. EMPLOYMENT (if applicable):** Begin with your current or most recent position and work backwards.  
*IF NECESSARY, PLEASE ATTACH ADDITIONAL PAPER TO THIS FORM.*

A. NAME, FULL ADDRESS and PHONE NUMBER OF EMPLOYER: \_\_\_\_\_

DATES WORKED (month/day/year): FROM:\_\_\_\_\_ TO:\_\_\_\_\_

EXACT TITLE OF POSITION:\_\_\_\_\_

SALARY OR EARNINGS (Indicate if per week, month or year)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_      FINAL SALARY: \_\_\_\_\_ per \_\_\_\_\_

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):



NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

B. NAME, FULL ADDRESS and PHONE NUMBER OF EMPLOYER: \_\_\_\_\_

DATES WORKED (month/day/year): FROM:\_\_\_\_\_ TO:\_\_\_\_\_

EXACT TITLE OF POSITION:

SALARY OR EARNINGS (Indicate if per week, month or year)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_ per \_\_\_\_\_

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

C. NAME, FULL ADDRESS and PHONE NUMBER OF EMPLOYER: \_\_\_\_\_

DATES WORKED (month/day/year): FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EXACT TITLE OF POSITION: \_\_\_\_\_

SALARY OR EARNINGS (Indicate if per week, month or year)

INITIAL SALARY: \_\_\_\_\_ per \_\_\_\_\_ FINAL SALARY: \_\_\_\_\_ per \_\_\_\_\_

NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:

DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

NUMBER OF HOURS WORKED PER WEEK: \_\_\_\_\_ NUMBER OF EMPLOYEES YOU SUPERVISED: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_  
 \_\_\_\_\_

### 13. COMPUTER SKILLS

List computer programs in which you have experience. Rate your skills as: Excellent, Good or Fair

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**14. REFERENCES** List three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and suitability for employment. Do NOT give names of supervisors you have indicated in Item 12.

NAME	MAILING ADDRESS	E-MAIL ADDRESS	PHONE NUMBER	OCCUPATION
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**15.** Read the following icarefully and place a check mark (✓) in each box before you sign.

- ☐ I understand that any information I give may be investigated and that a false statement may be grounds for non-consideration or dismissal from employment if I am selected.
- ☐ I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.
- ☐ I understand that, if I am provisonally selected, an Embassy-required medical examination and medical certification is a prerequisite.
- ☐ I consent to the release of information about my ability and fitness by employers, schools, law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.
- ☐ I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

### 16. YOU MUST SIGN THIS APPLICATION.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date